

## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	10/577,852
Filing Date::	12/26/06
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	3652
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	LIFTING DEVICE
Attorney Docket Number::	31229-229760
Request for Early Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	4
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Status::	Full Capacity
Given Name::	Lionel
Family Name::	Foster
City of Residence::	<del>West Yorkshire</del> <u>Bradford</u>
Country of Residence::	United Kingdom
Street of mailing address::	<del>71A Storr Hill</del> <u>14 Silver Birch Avenue</u> Wyke
City of mailing address::	Bradford

Country of mailing address:: United Kingdom  
Postal or Zip Code of mailing address:: ~~BD 12 8PQ~~ BD 12 9EP

Applicant Authority Type:: Inventor  
Status:: Full Capacity  
Given Name:: Linda  
Middle Name:: Mary  
Family Name:: Foster  
City of Residence:: Bradford  
Country of Residence:: United Kingdom  
Street of mailing address:: ~~71 Storr Hill~~ 14 Silver Birch Avenue  
Wyke  
City of mailing address:: Bradford  
Country of mailing address:: United Kingdom  
Postal or Zip Code of mailing address:: ~~BD12 8PQ~~ BD12 9EP

### **Correspondence Information**

Correspondence Customer Number:: 26694  
Phone number:: (202) 344-4000  
Fax number:: (202) 344-8300  
E-Mail address:: ptomail@venable.com

### **Representative Information**

Representative Customer Number:: 26694

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
<b>This Application is a</b>	<b>National Stage of</b>	<b>PCT/GB2004/004601</b>	<b>October 29, 2004</b>

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
United Kingdom	0325191.5	10/29/03	Yes

### Assignee Information

**Street of Mailing Address::**

**City of Mailing Address::**

**State or Province of Mailing  
Address::**

**Country of Mailing Address::**

**Postal or Zip Code of Mailing  
Address::**

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